

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048812

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12150

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Alexian Bros. Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **4409 Alaska**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Louis

Middle

E.

Last

Tritschler

4. DATE
OF
DEATH

Month
Dec

Day
16

Year
1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/5/1880

9. AGE (last birthday)
82

IF UNDER 1 YEAR
Months **11** Days **11**

IF UNDER 24 HR
Hours **11** Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY
Self-Employed

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Tritschler

13b. MOTHER'S MAIDEN NAME

Elizabeth Vollmer

14. NAME OF HUSBAND OR WIFE

Lizzie Tritschler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)
No

None

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Lizzie Tritschler 4409 Alaska

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

6 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 1962** to **12-16-62** and last saw her **12-16-62**
Death occurred at **3:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

Edith Tritschler

22b. ADDRESS

3654 S. Grand

22c. DATE SIGNED

12-17-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Dec 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Saint Matthew

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

Schumacher 3013 Meramec Str.

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 18, 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Ed. H. MacKinnon
36405. Kramel
Mo. 4-5567

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No.

4746

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.